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<b>C.P., Appellant</b>	)	
	)	
<b>and</b>	)	<b>Docket No. 18-0178</b>
	)	<b>Issued: May 23, 2018</b>
<b>U.S. POSTAL SERVICE, POST OFFICE,</b>	)	
<b>Warrenton, MO, Employer</b>	)	
	)	

### Case Submitted on the Record

Before:  
PATRICIA H. FITZGERALD, Deputy Chief Judge  
ALEC J. KOROMILAS, Alternate Judge  
VALERIE D. EVANS-HARRELL, Alternate Judge

On October 31, 2017 appellant filed a timely appeal from an October 12, 2017 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>1</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of the claim.

The issue is whether appellant has met her burden of proof to establish bilateral plantar fasciitis causally related to the accepted factors of her federal employment.

<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

### **FACTUAL HISTORY**

On October 26, 2016 appellant, then a 54-year-old clerk, filed an occupational disease claim (Form CA-2) alleging that prolonged standing and walking on hard surfaces at work on or before April 29, 2016 caused bilateral plantar fasciitis.<sup>2</sup> She did not stop work.

In support of her claim, appellant submitted an attending physician's form report (Form CA-20) dated August 8, 2016 from Dr. Phann Vu, a podiatrist. Dr. Vu diagnosed bilateral plantar fasciitis, right greater than left. He checked a box marked "yes" indicating that "prolonged standing and walking" caused or aggravated the diagnosed condition. Dr. Vu opined that, effective July 20, 2016, appellant was medically able to perform full-time modified duty "where she is not required to be on her feet eight hours [a] day." He prescribed medication, orthotics, and rest/ice/compression/elevation.

By development letter dated November 3, 2016, OWCP notified appellant of the type of evidence needed to establish her occupational disease claim, including factual evidence in corroboration of her exposure to the identified employment factors, and a medical opinion from her attending physician which established a medical diagnosis causally related to her employment. It requested that she respond to an attached development questionnaire in order to substantiate the factual elements of her claim. Appellant was afforded 30 days to submit additional evidence. A similar letter was sent to the employing establishment.

Appellant responded to the development questionnaire on November 17, 2006. She alleged that her job duties required prolonged standing on a concrete floor for six to eight hours a day. Appellant's symptoms began in March 2016 and had progressively worsened.

The employing establishment submitted an official position description dated March 3, 1992 and a statement of qualifications dated September 1, 2000.

By letter dated June 7, 2017, OWCP requested that Dr. Vu provide a well-reasoned opinion, based on his clinical findings and an enclosed statement of accepted facts (SOAF), on whether appellant sustained bilateral plantar fasciitis in the performance of duty as alleged. It afforded him 30 days to respond. No response was received.

By decision dated October 12, 2017, OWCP denied appellant's occupational disease claim. It accepted her employment duties as a clerk and that she had been diagnosed with bilateral plantar fasciitis, but denied her claim because the medical evidence of record was insufficient to establish causal relationship between appellant's bilateral foot condition and her employment duties. OWCP determined that Dr. Vu merely provided brief comments on a form report regarding causal relationship without sound medical rationale explaining how prolonged standing at work caused or aggravated appellant's bilateral foot condition. It noted that Dr. Vu did not respond to the June 7, 2017 letter which requested his reasoned opinion on causal relationship.

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<sup>2</sup> Under File No. xxxxxx477, OWCP accepted that on February 11, 2008, appellant sustained frostbite on two toes of her left foot. The claim was accepted and closed.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>3</sup> has the burden of proof to establish the essential elements of his or her claim by the weight of the reliable, probative, and substantial evidence<sup>4</sup> including that an injury occurred in the performance of duty and that any specific condition or disability from work for which he or she claims compensation is causally related to that employment injury.<sup>5</sup> In an occupational disease claim, appellant's burden requires submission of the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.<sup>6</sup>

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.<sup>7</sup> The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the employee.<sup>8</sup>

### **ANALYSIS**

The Board finds that appellant has not met her burden of proof.

Appellant claimed that she sustained bilateral plantar fasciitis in the performance of duty on or before April 29, 2016. In support of her claim, she submitted an attending physician's report (Form CA-20) dated August 8, 2016 from Dr. Vu, a podiatrist. However, Dr. Vu failed to explain how the specific activities of walking and standing caused or aggravated appellant's bilateral plantar fasciitis. Without explaining how, physiologically, these job duties caused or contributed to the development of appellant's bilateral plantar fasciitis, his opinion is of limited probative value.<sup>9</sup>

Also, the Board has held that a physician's opinion that consists of checking a box marked "yes" on a form report, without supporting medical rationale, is of diminished probative value in

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<sup>3</sup> *Supra* note 1.

<sup>4</sup> *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 58 (1968).

<sup>5</sup> *M.M.*, Docket No. 08-1510 (issued November 25, 2010); *G.T.*, 59 ECAB 447 (2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>6</sup> *N.G.*, Docket No. 17-0190 (issued February 23, 2018); *R.H.*, 59 ECAB 382 (2008); *Ernest St. Pierre*, 51 ECAB 623 (2000).

<sup>7</sup> *I.R.*, Docket No. 09-1229 (issued February 24, 2010); *D.I.*, 59 ECAB 158 (2007).

<sup>8</sup> *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 465 (2005).

<sup>9</sup> *N.G.*, *supra* note 6. See *Lee R. Haywood*, 48 ECAB 145 (1996).

establishing causal relationship.<sup>10</sup> A mere conclusion without the necessary rationale explaining how and why the physician believes that a claimant's accepted exposure resulted in the diagnosed condition is insufficient to meet appellant's burden of proof.<sup>11</sup> Furthermore, the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the bilateral foot condition had been caused by the identified employment factors, is sufficient to establish causal relationship.<sup>12</sup>

The Board notes that OWCP advised appellant by development letter dated November 3, 2016, and Dr. Vu in a June 7, 2017 letter, that rationalized, well-reasoned medical opinion evidence was needed to establish that she sustained bilateral plantar fasciitis as alleged. As appellant has not provided such evidence, she has failed to meet her burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of the merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

### **CONCLUSION**

The Board finds that appellant has not met her burden of proof to establish bilateral plantar fasciitis causally related to the accepted factors of her federal employment.

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<sup>10</sup> *J.P.*, Docket No. 16-0510 (issued April 22, 2016). See *Calvin E. King*, 51 ECAB 394 (2000).

<sup>11</sup> *G.M.*, Docket No. 14-2057 (issued May 12, 2015); *Cecelia M. Corley*, 56 ECAB 662 (2005).

<sup>12</sup> *Daniel O. Vasquez*, 57 ECAB 559 (2006).

**ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated October 12, 2017 is affirmed.

Issued: May 23, 2018  
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge  
Employees' Compensation Appeals Board

Alec J. Koromilas, Alternate Judge  
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge  
Employees' Compensation Appeals Board